PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10792111

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			10					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	<i>20</i> minus 20=		. 0		٠	XS 9=		OR	X\$18=		
IN	DEPENDENT C	CLAIMS	2/ m	inuș 3 =	•	, 		X43=		OR	X86=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						1	TOTAL		OR	TOTAL	20		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
Г	(Column 1) (Column 2) (Column 3						l	SHIALL		1	SINALL		
AMENDMENT A	7/17/06	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. <	Minus	4)		-/		X\$ 9=		OR	X\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CL AIM	-		X43=		OR	X86=/		
_	rinor ricos	ENTATION OF MIC	JETIPLE DE	ENDEM	CLAINI	/		+145=		OR	+290=		
							L	TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								VDDIT. FEE			AÓDIT. FEE		
Γ-	·	(Column 1)		HIGHE		(Column 3)	lF				-	1001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		· .		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MU	Minus .	ees CNDCAT	~ ^ 4			X43=		OR	X86=		
	··	MATION OF MIC	LIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=		
							-	TOTAL	: "	OR	TOTAL		
	•	A	DDIT. FEE L			ADDIT. FEEL	-						
		(Column 1)	·	(Colum		(Column 3)	-			f			
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	44		z .	T	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		n	F	X43=			X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7002		
• 44	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+145=		OR	+290=		
•• [** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT, FEE		
. 1	i uie "rugnest Nui The "Highest Num	mber Previously Paid ber Previously Paid	o For IN THIS For (Total or	SPACE IS I	ess than () is the	i 3, enter "3." highest number		DIT. FEE L	opriate box				